

Case Number:	CM14-0074826		
Date Assigned:	07/16/2014	Date of Injury:	01/11/2010
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this 53 year old gentleman was reportedly injured on November 1, 2010. The mechanism of injury is undisclosed. The most recent progress note, dated March 28, 2014, indicated that there were ongoing complaints of low back pain radiating to the left lower extremity. No physical examination was performed on this date. Lumbar spine surgery was discussed. Diagnostic imaging studies of the lumbar spine indicated a disc herniation at the L5 to S1 level. Previous treatment included three epidural steroid injections. A request was made for a left sided L5 to S1 selective nerve root block and was not certified in the preauthorization process on May 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Left sided L5-S1 Selective nerve Root block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Facet Joint Intra-Articular Injections.

Decision rationale: According to the Official Disability Guidelines, a facet joint intra-articular injection (therapeutic block) is not recommended for individuals with radicular pain. The most recent progress note, dated March 28, 2014, stated that the injured employee complained of radicular pain radiating to the left lower extremity. Considering this, the request for a Left Side L5-S1 Selective Nerve Root Block is not medically necessary.